CALIFORNIA DEPARTMENT OF

Mental Health

PATH Projects for Assistance in Transition from Homelessness

Projects for Assistance in Transition from Homelessness (PATH)
2011 Annual Report Worksheet and Guidance
Prepared by Ristyn Woolley State PATH Contact

Introduction

To comply with Federal requirements, PATH providers receiving funds under the Projects for Assistance in Transition from Homelessness (PATH) grant must report data that relates to the implementation of the program. Please read the following instructions carefully. Each PATH provider must complete a web-based PATH Annual Report. This PATH Annual Report Worksheet and Guidance has been created to assistthe counties in California with the collection of the required data. If you have any questions in regards to this worksheet, guidance, or the data required, please contact Ristyn Woolley California State PATH Contact (SPC) by email at Ristyn.Woolley@dmh.ca.gov , or by phone at (916) 651-1381.
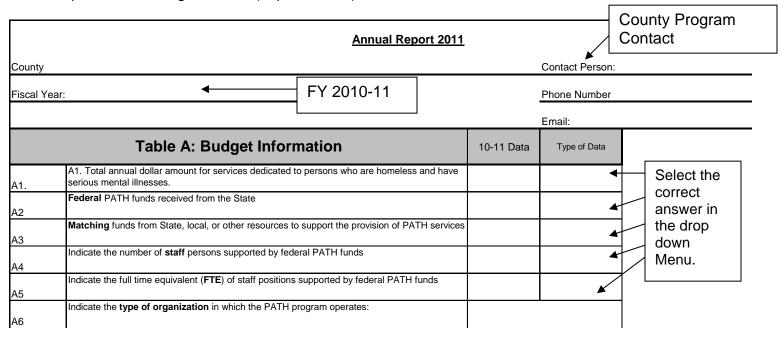
The PATH Annual Report Worksheet is not required. However, the submission of data on the web-based system is due no later than **December 16, 2011**. Log-ins, Passwords, and the 2011 PATH Annual Reporting Guide will be emailed to county fiscal and program contacts no later than November 10, 2011. It is strongly recommended that counties complete this worksheet and submit it to your SPC before November 1, 2011, or as soon as possible, to identify any issues with the data submission process, and to collect justifications before the December 16, 2011 deadline. Counties with multiple providers should collect this information from each subcontracted provider, and submit one combine report.

This PATH Annual Report Worksheet and Guidance is based on the 2010 PATH Annual Reporting Guide. Simple data checks have been built into the excel worksheet. Explanations of the errors are included in this guidance. For further information or more detailed definitions please refer to the 2010 PATH Annual Reporting Guide.

Please note that additional information may be required by Substance Abuse and Mental Health Services Administration (SAMHSA). Counties will be notified of any changes or additional information required immediately.

Table A: Budget Information

This table collects budget and staffing information for the PATH Annual Report. Counties should report actual budget values (expenditures), not estimates.

	Annual Report 2011			County Program Contact
County			Contact Person:	
Fiscal Year:	FY 2010-11		Phone Number	
			Email:	

Table A: Budget Information	10-11 Data	Type of Data	
A1. A1. Total annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses.			Select the correct answer in the drop down Menu.
A2 **Federal** PATH funds received from the State			
A3 **Matching** funds from State, local, or other resources to support the provision of PATH services			
A4 Indicate the number of **staff** persons supported by federal PATH funds			
A5 Indicate the full time equivalent (**FTE**) of staff positions supported by federal PATH funds			
A6 Indicate the **type of organization** in which the PATH program operates:			

A1. Enter the total dollar amount of PATH Federal and PATH Match funds ONLY. This should not be the total program budget only the total amount of PATH Federal and PATH Match funds expended by June 30, 2011, for services dedicated only to persons who are homeless and have a serious mental illness.

A2. Enter the amount of Federal PATH funds the county has received and expended by by June 30, 2011. If you have not fully expended your funds, please email Ristyn Woolley at Ristyn.Woolley@dmh.ca.gov with a justification/plan to fully expend the funds. Do not include PATH Match funds or non-PATH funds.

A3. Enter the amount of PATH Match funds provided by the county by June 30, 2011. This is the amount of the required non-federal match of one dollar ($1) for each three dollars ($3) of federal funds provided.

A4. Must be a whole number. This number should include staff funded to provide PATH allowable services.

A5. Calculate and enter all FTE's for each of the PATH Federal and/or PATH Match supported staff reported in A4. Round to the nearest 10th. May not exceed the number reported in A4.

A6. This describes the primary purpose/function of the organization, not the program. Note: All counties should select "other mental health agency".

Table B: Persons Served

The annual reporting information should be an unduplicated count of persons served/individuals enrolled in PATH within each reporting category. A person may be counted in more than one category.

PATH providers will report on the total number of individuals enrolled in PATH regardless of whether PATH Federal or PATH Match funds were used to provide the services.

Table B: Persons Served	10-11 Data	Type of Data	Errors
B1 Persons Who are Homeless and have Serious Mental Illnesses Served by **Federal and Matching PATH Funds and Other Sources.**			
B2a Persons Served by **Federal** PATH Funds--Outreach			ERROR
B2b Number of **Outreach** Contacts who Became **Enrolled** During the Year as PATH Clients			
B2c Number of **Outreach** Contacts who **Do Not Become Enrolled** During the Year as PATH Clients			OK
B2d Number of Outreach Clients (in Item B2c above) **Not Enrolled** Because They Have Been Found to be **Ineligible**:			OK
B3 Persons Served by **Federal** PATH Funds -- **Enrolled PATH Clients.**			
B4 **Total Number** of Persons Receiving Any **Federal** PATH-Supported Services During the Year			

Select the correct answer in the drop down menu.

B1. Enter the total number of individuals who are PATH eligible and received services from PATH programs regardless of funding source.

B2a. Enter the total number of persons contacted through outreach. Includes all persons contacted regardless of enrollment, eligibility, relocation, or refusal of service. An error will occur if zero people are outreached.

B2b. Of the total number of persons reported in B2a, enter the total number of individuals outreached who were enrolled for PATH services.

B2c. Of the total number of persons reported in B2a, enter the total number of individuals outreached who were **not** enrolled for PATH services. An error will occur is B2c is not equal to B2a minus B2b.

B2d. Of the total number of persons reported in B2c, enter the total number of individuals outreached who were **not** enrolled **due to ineligibility.** An error will occur if this number is not less than or equal to the number reported in B2c.

B3. Total number of persons enrolled in PATH for the program year. This includes individuals enrolled by outreach (B2b), individuals enrolled in ways other than outreach, and individuals enrolled in previous years who are still receiving services. Persons included in B3 are the only persons included throughout the rest of the PATH Annual Report.

B4. Total number of persons served by PATH. B4 equals B2c and B3.

Table C: Services Provided

This table reports information on the funding of services and the number of persons who received the services. Definitions of services are available in the 2010 PATH Annual Report Provider Guide.

Table C: Available Services		10-11 Data	Type of Funding	Errors
Ca	**Outreach services:**			
Ca1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cb	**Screening and diagnostic treatment services:**			
Cb1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cc	**Habilitation and rehabilitation services:**			
Cc1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cd	**Community mental health services:**			
Cd1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Ce	**Alcohol or drug treatment services:**			
Ce1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cf	**Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites:**			
Cg	**Case management services:**			
Cg1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Ch	**Supportive and supervisory services in residential settings:**			
Ch1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Ci	**Referrals for primary health services, job training, educational services, and relevant housing services:**			
Ci1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK

Cj1	**Housing services:** 1. Minor renovation, expansion, and repair of housing:			
Cj1.1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cj2	**Housing services:** 2. Planning of housing:			
Cj2.1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cj3	**Housing services:** 3. The costs associated with matching eligible homeless individuals with appropriate housing situations:			
Cj3.1	Number of Enrolled PATH Clients served by PATH-Funded Service			OK
Cj4	**Housing services:** 4. Technical assistance in applying for housing assistance:			
Cj4.1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cj5	**Housing services:** 5. Improving the coordination of housing services:			
Cj5.1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cj6	**Housing services:** 6. Security deposits:			
Cj6.1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK
Cj7	**Housing services:** 7. One-time rental payments to prevent eviction:			
Cj7.1	Number of Enrolled PATH Clients served by PATH-Funded Services			OK

Table C: Services Provided is used to report on individuals enrolled in PATH programs only and cannot exceed the number reported in B3.

For each line item, please enter the number of PATH enrolled individuals in the column marked "10-11 Data". An error will occur if the number entered exceeds the number reported in B3.

Use the drop down menu in the "Type of Funding" column to indicate whether the service is 100 percent PATH-funded, partially PATH-funded, service provided but not PATH-funded, or service not provided.

Note: Community Mental Health Services (Cd): Enter the total number of PATH enrolled individuals receiving community mental health services funded with PATH Federal and PATH Match funds, and the total number of PATH enrolled individuals successfully linked to other mental health services as a result of the PATH program.

Note: Staff Training (Cf): Staff training only requires the provider to indicate how the training was funded. If the PATH staff provides the training and their salary is fully or partially PATH-funded, their time on this activity counts, even if the training costs were not.

Table C: Voluntary Outcome Measures

This table reports on the voluntary outcome measures. Counties who opt not to report these outcomes are still in full compliance with the PATH data-reporting requirement. The outcome measures were developed in collaboration with a workgroup of State PATH Contacts in response to a Congressional reporting environment that holds programs to a high standard of outcome data collection and reporting.

Voluntary Outcome Measures		Assisted Referral	Type of Data	Attainment	Type of Data
Ck1	**Voluntary Outcome Measure: 1.** Housing (transitional, supportive, or permanent):				
Ck2	**Voluntary Outcome Measure: 2.** Income benefits:				
Ck3	**Voluntary Outcome Measure: 3.** Earned income (employment):				
Ck4	**Voluntary Outcome Measure: 4.** Medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans):				
Ck5	**Voluntary Outcome Measure: 5.** Primary medcal care:				

A detailed explanation and definitions are available in the 2010 PATH Annual Report Provider Guide.

Assisted Referral Column: is a referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities conducted by the program on behalf of or in conjunction with the consumer (if some, but not all, of these activities occurred, it does not count as a complete assisted referral):
- Assisting the consumer in obtaining the application, **AND**
- Assisting the consumer in obtaining the appropriate supporting documentation, **AND**
- Assisting the consumer with completion of the application, **AND**
- Assisting the consumer in filing the application with the appropriate agency or organization (business if employment)
- **OR** Referral to a program that specializes in assisting consumers with an application process and who can provide certification that the individual successfully filed the application.

Attainment Column: The PATH provider confirms that the individuals attained the indicated service through self-report or confirmation by other providers. Do not count the individual as attaining a service when the application process for a service is complete, Only count individuals as attaining a service when they begin receiving the service.   PATH providers are not required to obtain written documentation from another provider to confirm attainment.

Table D: Demographics

This table collects demographic information for individuals enrolled in PATH services for the reporting year. Report the actual number of persons, not estimates, in this table. PATH providers should include all demographic information available on each individual enrolled in PATH. Information should reflect the status of the individual at first contact when available. Use the demographic data for those individuals that leave the PATH program and re-enter upon re-entry only.

D1ea	AGE:	10-11 Data	Type of Data	Errors
	Table D: Demographics			
D1a	Less than 13 years			OK
D1b	13-17			OK
D1c	18-34			
D1d	35-49			
D1e	50-64			
D1f	65-74			
D1g	75+			
D1h	unknown			
	Total	0		OK

D1ea. Age: This number is the age at first contact. To be eligible for PATH services an individual must have a Serious Mental Illness.

An error will occur if the total number reported in this section is not equal to the number reported in B3.

D2ea	Gender	10-11 Data	Type of Data	Errors
D2a	Male			
D2b	Female			
D2c	Unknown			
	Total	0		OK

D2ea. Gender: Self-report is the basis for this question's response. For example an individual who is biologically male, but identifies himself as female, include the individual as female.

An error will occur if the total number reported in this section is not equal to the number reported in B3

D3ea	Race/Ethnicity:	10-11 Data	Type of Data	Errors
D3a	American Indian or Alaska Native			
D3b	Asian			
D3c	Black or African American			
D3d	Hispanic or Latino			
D3e	Native Hawaiian or Other Pacific Islander			
D3f	White			
D3g	Two or More Races			
D3h	Unknown			
	Total	0		OK

D3ea. Race/Ethnicity: Self-report is the basis for this question's response. If the individual states that he/she is "Hispanic" and "White", include them in the "two or more races". If the individual states that he/she is "Hispanic", count them only under "Hispanic".

An error will occur if the total number reported in this section is not equal to the number reported in B3.

D4ea	Principal Mental Illness Diagnosis	10-11 Data	Type of Data	Errors
D4a	Schizophrenia and Related Disorders			
D4b	Other Psychotic Disorders			
D4c	Affective Disorders			
D4d	Personality Disorders			
D4e	Other Serious Mental Illness			
D4f	Unknown or Undiagnosed Mental Illness			
	Total	0		OK

D4ea. Principal Mental Illness Diagnosis: Official documentation or self-report is the basis for this question's response. An unlicensed PATH provider should not choose a category without documentation or written or verbal confirmation from the individual.

An error will occur if the total number reported in this section is not equal to the number reported in B3

D5ea	Co-occurring Substance Use Disorders	10-11 Data	Type of Data	Errors
D5a	Co-Occurring Substance Use Disorders			
D5b	No Co-Occurring Substance Use Disorders			
D5c	Unknown If Substance Use Disorder			
	Total	0		OK

D5ea. Co-Occurring Substance Use Disorder: Official documentation or written, or verbal self-report is the basis for this question's response. Include the individual under "unknown substance use disorder" for unconfirmed substance use or lack of substance use.

An error will occur if the total number reported in this section is not equal to the number reported in B3

D6ea	Veteran Status	10-11 Data	Type of Data	Errors
D6a	Veteran			
D6b	Non-Veteran			
D6c	Unknown			
	Total	0		OK

D6ea. Veteran Status: Written or verbal self-report is the basis for this questions response. Indicate as "unknown" if the question was not asked.

An error will occur if the total number reported in this section is not equal to the number reported in B3

D7ea	Housing Status (at first contact)	10-11 Data	Type of Data	Errors
D7a	Outdoors (e.g., street, abandoned or public building, automobile)			
D7b	Short term shelter			
D7c	Long term shelter			
D7d	Own or someone else's apartment, room, or house			
D7e	Hotel, SRO, boarding house			
D7f	Halfway house, residential treatment program			
D7g	Institution (psychiatric or other hospital, nursing home, etc.)			
D7h	Jail or correctional facility			
D7i	Other			
D7j	Unknown			
	Total	0		OK

D7ea. Housing status (at first contact): Written or verbal self-report at first contact is the basis for this question's response. This answer does not change as the individual receives services from the program.

An error will occur if the total number reported in this section is not equal to the number reported in B3

D8ea	Length of Time Living Outdoors or in Short Term Shelter at First Contact	10-11 Data	Type of Data	Errors
D8a	Less than 2 days			
D8b	two to 30 days			
D8c	31-90 days			
D8d	91 days -1 year			
D8e	Over 1 year			
D8f	Unknown			
	Total	0		OK

D8ea. Length of Time Living Outdoors or in Short Term Shelter at First Contact: The data reported in this section is only about those individuals enrolled in PATH who are literally homeless. This number only included those individuals reported in D7a (living outdoors) and D7b (short-term shelter) at first contact.

An error will occur if the total number reported in this section is not equal to D7a and D7b